PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  09/9/9/9/9/09  F2643/2-24													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			27				ſ	RATE FEE		]	RATE FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00	
78.1 × 2277 &			y of internation				,	:63:		Uñ	7K 164	ا فال	
INDEPENDENT CLAIMS			/ 2 minus 3 =		10			X40=		OR	X80=	700	
MULTIPLE	E DEPEN	DENT CLAIM P	RESENT		<del>1</del>					OR	.270-		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	+135=				1726	
								TOTAL		OR	TOTAL OTHER	THAN	
7/31	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
INT A		CLAIMS REMAINING AFTER AMENDMENT	CLAIMS EMAINING AFTER PR		HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Indep		.32.	Minus	3:	 2.,	£		X\$ 9=		OR	X\$18=	·	
Indep	endent	.13	Minus		3	Ę	ı	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
							ı	TOTAL		٦	TOTAL		
2/19/	02	(Column 1)		(Colu	ımn 2)	(Column 3)	,	ADDIT. FEE	<u> </u>	J~	ADDIT. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
W Total		.50	Minus	3	12	= 18		X\$ 9=		OR	X\$18=	324	
Total	endent	. 13	Minus	/	3	= _		X40=		OR	X80=	<u> </u>	
FIRS	T PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	<u> </u>		+135=		1	+270=		
		_					Į	TOTAL		OR	TOTAL		
ועבלו	102					(0.1		ADDIT. FEE		JOH	ADDIT. FEE		
ပ		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	IMN 2) HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
Total		.77	Minus	5	O	=27		X\$ 9=		OR	X\$18=	486	
15	endent	230/	Minus	)	3	= 15		X40=		OR	X80=	1428	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+135=		OR	+270=			

FORM PTO-875 (Rev. 8/00)

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

. . . .

\*\*\*If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. 5:-- --

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE \*U.S. GPO: 2000-460-703/30103

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/919009

CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)		SMALL EN	ITITY	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			<u> </u>	,		-		RATE	FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mir	านร 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL		
US CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						_	SMALLE	NTITY	OR	OTHER SMALL		
AMENDMENT A	) 	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* X5	Minus	** 7	<u>7                                    </u>	= 8		X\$ 9=		OR	X\$18=	144
AME	Independent	* 34	Minus	*** 3	50 50 AIM	= 4		X42=		OR	X8 <b>¥</b> =	344
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+140=		OR	+280=		
Overpaid 172. W for 2 extra independent claims							TOTAL		OR	TOTAL ADDIT, FEE	488	
#2	430/04 (Column 1) (Column 2) (Column 3)											
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	* 85	Minus	** 8	5	=		X\$ 9=		OR	X\$18=	
	Independent	* 36 NTATION OF MU	Minus	*** 3	CLAIM	=		X42=		OR	X84=	
	TIMOTPHEOL	NATION OF MIC	JEIN EE DEI	LINDLINI	OLAIM	- bo	dd	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	pd.
		(Column 1)		(Colur		(Column 3)	•					1
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL		OR OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												